



Power Washers Network of the Carolinas – PWNC
207 East Harden Street, Graham, NC 27253
336-516-2242 PWNC@pwnc.org www.pwnc.org

Network Associate Contractor Application & Profile

Note: This Application is subject to review

Network Associate Contractor participation fees for the first year are \$225.00. Renewals are \$175.00 annually.

To Apply for Associate Participation, please take a moment to complete all information below and return it to the PWNC with your payment and accompanying documentation. If you have any questions, please call 336-516-2242.

Company Name: _____

Primary Contact: Mr. Mrs. Ms. _____
First Name MI Last Name

Title/Position: _____

Secondary Contact: Mr. Mrs. Ms. _____
First Name MI Last Name

Title/Position: _____

Mailing Address: _____

City, State, Zip, County: _____

Phone: (Primary) _____ (Secondary) _____ Fax: _____

Email: _____ Company Website: _____

In addition to the information provided on your application, the following information will be used to create your company profile on the PWNC.org site and within the participant directory. Items marked with an asterisk are required.

*List of Primary Services: _____
(please use "keyword" style terms ie:
Commercial flatwork, house washing) _____

*Specialty Services: _____
(if applicable) _____

*Special Equipment: _____
(ie, reclamation if applicable) _____

*List any Certifications: _____
(if applicable – you may be asked to
Provide a copy of your certification) _____

*Do you carry professional liability Insurance? YES NO Limits: _____
(If no, you are not eligible for listing. You may be asked for proof of insurance)

*Do you carry workers compensation Insurance? YES NO Limits: _____

*Do you carry Commercial Auto Coverage? YES NO Limits: _____

You will need to provide a current Certificate of Insurance for our files. It is not necessary to name PWNC as additional insured.

